Minnesota

Establishing a Community-Based Diabetes Coalition to Reach Rural Populations Through Public-Private Collaboration

Public Health Problem

An estimated 276,000 Minnesotans have diabetes; however, many people with diabetes do not receive recommended preventive care services and self-management education to help prevent diabetes complications.

Evidence That Prevention Works

Studies demonstrate that intensive preventive care, controlling blood glucose levels, improved nutrition, and increased drug therapy compliance significantly reduce adverse diabetes outcomes such as premature death, blindness, kidney failure, or lower-extremity amputations.

Program Example

Using CDC funding, the Minnesota Diabetes Prevention and Control Program partnered with two community-based coalitions in rural counties to develop and test a public-private collaboration called the Diabetes Community Collaboration Program (DCCP). The DCCP brought together potentially competing groups of diabetes stakeholders, including local public health agencies, private health care organizations, and community groups, to identify and address common goals for diabetes care and education. The coalitions planned, implemented, and evaluated a broad range of activities in their communities for people with diabetes, the general public, health care systems, and health care providers. One coalition developed a community diabetes registry that is used for monitoring diabetes care, providing ongoing diabetes education, and reminding registrants to obtain needed health care services. Both coalitions have expanded educational opportunities for people with diabetes by providing ongoing diabetes education through local media, community events, formal education, and support groups. Each coalition has created opportunities for health care providers to receive updates about the standards of diabetes care through professional education workshops. The coalitions' efforts resulted in diabetes care improvements in the local clinics between 1995 and 2000. Clinic patient chart audit data showed that A1C testing increased by 82% in Rice County and by 300% in northern Koochiching County. Kidney function testing rose by 80% and 400%, respectively; median A1C levels decreased by 9.4% and 17%, respectively. Lipid levels also shifted from higher to lower risk categories.

Implications

The DCCP diabetes coalitions created community networks, improved diabetes care, increased education among diabetes patients to empower them to advocate for their own care, and improved diabetes education among health care professionals and providers. This program is an example of how the Diabetes Today community model can be implemented within a local health care system to increase coordination, collaboration, and resource sharing to reduce the burden of diabetes.

Contact Information

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